



**APPLICATION FOR QUALIFIED PROFESSIONALS
APPROVED BY DNR FOREST SERVICE
TO SUBMIT FOREST STAND DELINEATIONS AND
FOREST CONSERVATION PLANS**

Please type or write clearly

PART I - GENERAL INFORMATION

Applicant's Name _____

Mailing Address _____

County _____ Social Security # _____

Home Phone # _____ Business Phone # _____

Date Attended DNR Approved Forest Conservation Class _____

You need to have:

- (a) a four year degree in natural resource sciences, natural resource management, landscape planning or environmental planning, **OR***
- (b) 4 years appropriate professional experience in the aforementioned fields, **OR***
- (c) a graduate degree in natural resources and 1 year of professional experience*

AND have satisfactorily completed a forest conservation training program approved by the MD DNR Forest Service.

PART II EDUCATION

You must submit a copy of your transcripts with this application.

- A.** List schools attended, Degree and Specific Curriculum That Comply With Requirements in C.O.M.A.R. 08.19.06.01: (Use additional sheets if necessary)

School Name
& Address: _____

Degree Earned: _____ Date Conferred: _____

B. List at Least four Specific Courses Completed Which You Believe May Enable You to Meet the Regulatory Requirements Outlined Above.

- _____

PART III. EXPERIENCE (Attach Resume)

Company or Organization: _____

Address: _____

Position: _____

Dates of Service: From _____ To _____

Description of duties/responsibilities as they apply to your ability to meet the requirements of a qualified professional to submit Forest Stand Delineations and Forest Conservation Plans:

Name of Supervisor _____ Phone # _____

I hereby confirm under penalty of perjury that the applicant demonstrated competence in the performance of the duties/ responsibilities listed above during the dates indicated.

Signature of Supervisor _____ Date _____

I hereby certify under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge, information and belief.

Signature of Applicant _____ Date _____

Submit application along with a copy of your transcripts to:

**Department Natural Resources – Forest Service
Forest Conservation Program
Tawes State office Building – E-1
580 Taylor Avenue
Annapolis, MD 21401
(410) 260-8511**